

# **REPORT ON THE RHODE ISLAND EARLY INTERVENTION SYSTEM: FUTURE DIRECTION AND ACCOMPLISHMENTS**

**Submitted to:**

**The Honorable Representative Eileen S. Naughton**

**Submitted by:**

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## **1. Background**

Budget Article 44, effective July 1, 2004, transferred the administration of the State's Early Intervention (EI) System from the Rhode Island Department of Health (HEALTH) to the Rhode Island Department of Human Services (DHS). Section 23-13-22(b) of Act H 8669 requires that "an evaluation plan describing outcome measures that document the system's successes and shortcomings from the previous fiscal year be submitted to the speaker of the house of representatives, the president of the senate and the house oversight committee and the governor and the interagency coordinating council." This document is intended to fulfill that plan submission requirement.

DHS believes it important to put the evaluation plan in the appropriate context of the EI System's legal obligations. Under Federal law, the State must:

- Maintain and implement a Statewide, comprehensive, coordinated, multidisciplinary, interagency system of EI services for infants and toddlers with disabilities and their families.
- Facilitate the coordination of payment for EI services from Federal, State, local, and private coverage (including public and private insurance).
- Enhance the State's capacity to provide quality EI services and expand and improve existing EI services being provided to infants and toddlers with disabilities and their families.
- Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner city, and rural populations.

In meeting these obligations, DHS envisions an EI System in which:

- All eligible infants and toddlers are identified, evaluated, and enrolled, with particular attention to reaching those with the highest risks and needs.
- Services are tailored to optimize each individual child's potential, and to address family needs. Services are offered in a variety of natural environments and in an inclusive manner.
- All participating children have a successful transition to appropriate systems and services when they reach age three.
- Available funds (public and private) are leveraged and services are coordinated to better serve more infants and toddlers with developmental delays and disabilities.

- Based on Individualized Family Service Plans (IFSPs), appropriate and accessible providers are available for the array of interventions needed by EI infants, toddlers, and their families.

As DHS continues with the EI System transition, DHS' basic strategy will be to build upon existing system strengths, embrace the challenges that have presented themselves, and capitalize on the opportunities available in order to accomplish the vision of the EI System.

## 2. Evaluation Plan

As required by the statute, DHS has entered into a Memorandum of Understanding (MOU) with the Department of Health (HEALTH) and with the Department of Elementary and Secondary Education (RIDE). DHS has also consulted with the Interagency Coordinating Council (ICC) on an evaluation plan.

Prior to the transition of the EI System to DHS, HEALTH submitted the State's Federal Fiscal Year (FFY) 2002 Annual Performance Report (APR) for the Individuals with Disabilities Education Act (IDEA) Part C funds used during the grant period July 1, 2002 through June 30, 2003 to the Office of Special Education Programs (OSEP) within the U.S. Department of Education. Highlights of the report are as follows:

- **Comprehensive Public Awareness and Child Find** – As compared to all other States based on the December 1, 2002 child count, Rhode Island reported that it had the highest percentage of children under the age of 12 months enrolled in EI – 3.5 percent of children in the State.
- **Family-Centered Services** – According to the 2002-2003 Family Satisfaction Survey, 88 percent of families reported that EI services helped their child and family, and 85 percent of the families reported that EI services would help them to enhance their child's development. Eighty-seven percent of families reported receiving all of the services and supports listed in the IFSP.
- **Early Childhood Transition** – In 2001-2002, approximately 538 children were eligible for Preschool Special Education services out of the 1,241 children who were discharged from Early Intervention in the reporting period (Federal Report On Infants And Toddlers Existing Part C Programs). Of these children, 97 percent completed the transition process and entered the school system by their third birthday.

As part of its plan of evaluation for the EI system, DHS will work collaboratively with HEALTH to perform those activities necessary in order to compile and submit the next APR that is due to OSEP by March 31, 2005 for the year ending December 31, 2004. As part of its system transition, DHS, with input and assistance from HEALTH, RIDE, ICC,

and other stakeholders has initiated an assessment of the perceived strengths, challenges, and opportunities for the EI System. DHS' **preliminary** assessment is as follows:

***Summary of perceived strengths***

- The Rhode Island EI System provides family-centered support, with services tailored to meet individual needs.
- HEALTH, acting as the lead agency, adapted the system delivery model over time and implemented an ongoing, comprehensive improvement-monitoring plan.
- The RIDE is a strong collaborative partner in the coordination of the EI system
- Rhode Island has an active and committed ICC that is appointed by the Governor as mandated in federal law.
- System eligibility standards include children with a variety of developmental delays, disabilities, and conditions resulting in developmental delay
- The two-tiered screening system (i.e., (1) Level I screening for risk factors of all newborns in birthing hospitals and (2) Level II in-home screening by nurses of infants identified as having specified risk factors) has the potential to reach all children born in Rhode Island. This is an unparalleled effort in the United States for assuring early and accurate referrals to EI.
- Current early intervention providers are committed to the system, to delivering quality services, and to enhancing child development and family capacity to facilitate their child's development.
- The Parent Consultant Program, a vital component of the EI system, provides support to families, opportunities for parent leadership, and augments provider capacity. This program has ensured that parents are active, respected participants in all aspects of EI System planning, administration, service delivery, and evaluation.
- The EI system has a long tradition of collaboration across public and private sectors.
- There is a well-developed training system through the University of Rhode Island, assuring that all EI provider staff, State system staff, and parent consultants are appropriately trained.
- The RIDE and the Sherlock Center on Disabilities have led collaboration between EI providers, schools and families to coordinate and improve the Transition process out of EI. This endeavor has been extended to provide training and technical assistance to providers as well as information and guidance to families.

### *Summary of perceived challenges*

- The Rhode Island EI System is in transition from one lead agency to another.
- The system has experienced financial instability due to budget fluctuations. Providers lack confidence in the predictability of reimbursement procedures and the timeliness of payments. In turn, providers have been reluctant to hire staff to meet the demand and requirements (e.g., timeliness of services).
- Problems exist with timely access to some services and timely initiation of services (related to professional capacity).
- Parents perceive that the intensity or amount of services for some populations/conditions is inadequate.
- The system has shortfalls in the cultural and linguistic competency of its providers, staff, and materials.
- For those children who do not qualify for Preschool Special Education and/or need additional services, other systems services and resources have not been accessed extensively and/or consistently.

### *Summary of opportunities*

- The ICC can play a stronger role in responding to public and professional concerns.
- Enhance parent confidence and capacity to navigate the system and advocate on behalf of their child
- Better integrate the knowledge and skills of parent consultants and families into EI system operations.
- Improve cultural and linguistic competency of providers, staff, and materials.
- Increase outreach to underserved populations.
- Assure greater coordination of planning, services, and transitions through a more comprehensive vision of EI and integration of EI with other systems (e.g., RIte Care, CEDARR, Head Start, school/preschool, child care).
- Strengthen the linkages among and across systems and financing and use opportunities to leverage other resources.

- Communicate to providers with greater clarity and consistency, particularly by increasing the transparency and stability of the service reimbursement process.
- Assist providers in operationalizing more effective and efficient billing strategies.
- Streamline and improve the provider certification process.
- Communicate to all EI families in a timely, clear and concise manner any EI system changes allowing the opportunity to provide feedback to the lead agency.
- Create a Quality Assurance measure to ensure EI families receive are informed of appropriate choices and options when making decisions that affect the future of their children.
- Use DHS information systems to manage more information electronically, enhance timeliness of data, and use data for system management and performance accountability.

As noted above, these are only **preliminary** assessments of the strengths, challenges, and opportunities based on DHS' current, brief role with the system.

DHS is in the process of refining outcome measures for the EI System. We anticipate that the measures will be structured using the following type of format:

### 3. EI System Outcome Measures Illustrative Format

<b>Outcome Measurement Area</b>	<b>Baseline</b>	<b>Goal</b>	<b>Actual Performance</b>
<b>Family Satisfaction</b> (e.g., percent of families who report that the system met expectations)			
<b>Eligibility and Enrollment</b> (e.g., percent of all infants screened before their first birthday)			
<b>Service Delivery System</b> (e.g., percent of IFSP services delivered in a timely manner)			
<b>Underserved Populations</b> (e.g., percent of Non-English -speaking families who have access to materials, care coordination, and services in their native language)			
<b>Child and Family Outcomes</b> (e.g., percent of children who achieved IFSP goals)			

As illustrated above, DHS intends to structure future reports to the General Assembly on the EI System around defined outcome measures. Each measure would be reported in terms of the baseline, the goal, and the actual performance for the reporting period.